

ned under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

OCT 26 2015

Date: ID/20

(Candidate's signature)

Fill in l	Reporting Period dates: Beginning Date:			File wit	h City of Town Cler	rk or Election Co	minission
	Reporting Period dates: Beginning Date:	<u> </u>		Ending Date:	101161		
Type or	f Report: (Check one)						
8th d	day preceding preliminary 🗶 8th day preceding election	☐ 30 d	ay after	election 3	year-end report	dissoluti	ion
Gir	na-Louise Sciarra						
	Candidate Full Name (if applicable)	الص	DEVIL	tee to Elect	mittee Name	<u>5e Sciar</u>	72
City	Counselor, Northampton, MA Office Sought and District	EII	zabe	th Wynn Name of Co	ommittee Treasurer		
L145	Stare St., Northampton, MA 01060 Residential Address	No F	-11201	peth St., Nor		010 AM,	ما
Telephone l	Number (optional):	Telepho	ne Numb	er (optional):	Training reduces		
	SUMMARY BALANC	'F INE	DMA	TION			
		в пле)KWLA	1110N:		_	
D.	Line 1: Ending Balance from previous report		\$1	FIFIG			
	Line 2: Total receipts this period (page 3, line 11)			Ø		-	
	Line 3: Subtotal (line 1 plus line 2)		\$ (1	F1.F10]	
	Line 4: Total expenditures this period (page 5, line	: 14)	\$	30.00		j	
	Line 5: Ending Balance (line 3 minus line 4)			F1. E85			
	Line 6: Total in-kind contributions this period (page	;e 6)		Ø		-	
	Line 7: Total (all) outstanding liabilities (page 7)		\$0	00.01			177
	Line 8: Name of bank(s) used: Florence Savi	<u> </u>	יטא.	Paypal			
ertify that I tivity, include ance activity	Committee Treasurer: I have examined this report including attached schedules and it is, to the best of ding all contributions, loans, receipts, expenditures, disbursements, in-kind coty of all persons acting under the authority or on behalf of this committee in an of the penalties of perjury:	f my knowie	edge and t and liabili th the req	belief, a true and comp ities for this reporting p quirements of M.G.L. c	e. 55.	the campaign	
OR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box		(Treasurer's signature)	Date: 19	125/15]
Candidate I certify th activity, of	te with Committee and no activity independent of the committee hat I have examined this report including attached schedules and it is, to the bof all persons acting under the authority or on behalf of this committee in account in the substitutes are made any expenditures on my behalf during this reporting persons in the substitution of the subs	est of my kn dance with		and belief, a true and co	omplete statement of 5. I have not receive	all campaign fin d any contributio	ance
finance act	the without Committee <u>OR</u> Candidate with independent activity filing sepanat I have examined this report including attached schedules and it is, to the bestivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this contributions.	st of my kno	wledge a	nd belief, a true and co nd liabilities for this re ce with the requiremen	omplete statement of porting period and re	all campaign presents the	

SCHEDULE A: RECEIPTS (continued)

• • • • • • • • • • • • • • • • • • • •	SCHEDULE A	: RECEIPTS	(cont	inued)
Date Received	Name and Residential Address (alphabetical listing required)	Amour	it	Occupation & Employer (for contributions of \$200 or more)
				(VI - I - I - I - I - I - I - I - I - I -
			#	
			╬═	
ne 9: Total Receipts o	ver \$50 (or listed above)			
A	50 and under* (not listed above)			
	CIPTS IN THE PERIOD			3.
you have itemized receip	ots of \$50 and under, include them in line	9. Line 10 shoul	← Er d includ	e only those receipts not itemical at

you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

SCHEDULE B: EXPENDITURES (continued)					
Date Paid	To Whom Paid (alphabetical listing)				
	("Franctical listing)	Address	Purpose of Expenditure	Amount	
ll li					
				il.	
				1	
<u> </u>	Table and				
1 111					
_ "					
	Tine	12: Evnenditure			
h-	Line	12: Expenditures over \$50 (o	or listed above)		
	Line	13: Expenditures \$50 and und	ler* (not listed shows)		
S	1			0.00	
Vou have itemical	Enter on page 1, line 4 → Line	14: TOTAL EXPENDITUR	ES IN THE PERIOD	0.00	
/e.	expenditures of \$50 and under, included	de them in line 12. Line 13 shoul	d include only those expenditures not in	0.00	

you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE D: LIABILITIES

M.G.L.c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

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Date Incurred	To Whom Due	Address	Purpose	Amount
21,21,5		145 State St.		
	Gina-Louise Sciarra	Northampton, MA OICK	Website Hostina	\$99.00
		.		
0				
	Enter on page 1, line $7 \rightarrow \text{Line}$	18: TOTAL OUTSTANDING	LIABILITIES (ALL)	
			3	00.00